



# Swimming Pool/Spa Renewal Registration Form

Iowa Department of Public Health  
Swimming Pool & Spa Program  
321 E 12th Street, Des Moines, Iowa 50319-0075

- A nonrefundable fee of \$35 must be included, in the form of a check or money order, for each swimming pool, spa, waterslide, etc. that is required to be registered at the facility.
- Make check/MO payable to: Iowa Department of Public Health and send to address above.
- If renewal form is not submitted on or before April 30, a nonrefundable fee of \$25/month must be included, in the form of a check or money order, for each swimming pool, spa, waterslide, etc. that is required to be registered at the facility.
- Sign and date form at the bottom of second page

Facility Information				Owner Information		
Name of Facility			Facility Number			Name of Corporation, Organization or Individual
Contact Person				Contact Person		
Address				Address		
City		State IA	Zip	City		State Zip
Telephone		Fax		Telephone		Fax
E-mail				E-mail		
County where facility is located:						
Type of Owner (check one): <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Health Club <input type="checkbox"/> Country Club <input type="checkbox"/> Condominium/Homeowner Assoc. <input type="checkbox"/> Apartment <input type="checkbox"/> Camp <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other*						
*If other, explain:						
Send invoices to: <input type="checkbox"/> Facility <input type="checkbox"/> Owner						

Certified Pool Operator (CPO)		
Name	Certification Number	Expiration

Individual Swimming Pool, Spa, Waterslide, etc. Information		
#1	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G) <input type="checkbox"/> Indoor (2)	
Pool or Spa:	Surface Area (ft <sup>2</sup> ):	Volume (gal):
Water Slide:	Length (ft)	Location:
Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal		Hours of Operation:
If seasonal provide opening and closing dates:		

<b>#2</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa:    Surface Area (ft <sup>2</sup> ): _____    Volume (gal): _____		
Water Slide:    Length (ft) _____    Location: _____ Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume    Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal If seasonal provide opening and closing dates: _____		Hours of Operation: _____

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<b>#3</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa:    Surface Area (ft <sup>2</sup> ): _____    Volume (gal): _____		
Water Slide:    Length (ft) _____    Location: _____ Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume    Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal If seasonal provide opening and closing dates: _____		Hours of Operation: _____

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<b>#4</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa:    Surface Area (ft <sup>2</sup> ): _____    Volume (gal): _____		
Water Slide:    Length (ft) _____    Location: _____ Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume    Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal If seasonal provide opening and closing dates: _____		Hours of Operation: _____

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<b>#5</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (B) <input type="checkbox"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa:    Surface Area (ft <sup>2</sup> ): _____    Volume (gal): _____		
Water Slide:    Length (ft) _____    Location: _____ Construction: <input type="checkbox"/> Open flume <input type="checkbox"/> Enclosed flume    Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride Ends in: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Plunge pool <input type="checkbox"/> Run out		
Operating Period: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal If seasonal provide opening and closing dates: _____		Hours of Operation: _____

**If more than 5 information blocks are needed make copies of this page.**

**Owner/Representative**

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_